

2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency 1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer. Permit Information 1. What action would you like to take? * File a New Notice of Intent Form Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Operator Name (Organization Name) * WORTHEN INDUSTRIES INC. UPACO DIV. Operator Name as Noted by the NOI Preparer Worthen Industries UPACO Division 2. Select the state/territory where your facility is located * 3. Is your facility located on Indian Country lands? * NH () Yes No 4. Are you requesting coverage as a "federal operator" as defined in Appendix A? * No

5. Are you a new discharger or a new source as defined in Appendix A? *		No			
5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? *		○ No			
	Yes	O NO			
5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual processing.	permit *				
NHR05C689					
6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding Natural Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer system. *	or Yes	No			
7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge flows directly into the site through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sewer system. *					
8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? *					
9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plan or during an inspection). If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. *					
10. Master Permit Number					
NHR050000					
Facility Operator Information					
1. Operator Name (Organization Name) *					
WORTHEN INDUSTRIES INC. UPACO DIV.					
2. Street *					
3 East Spit Brook Road					
3. Supplemental Address					
4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision *					
Nashua NH 03060 Hillsborough					
8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail *					
6038215930 vconnelly@worthenind.com					
Operator point of contact information					
11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *					
Valerie Connelly Plant Manager					

B: Facility Information

1. Facility	y Name *							
Worthen Industries UPACO Division						Facility address same as facility operator address		
2. Street	/Location *							
3 East S	pit Brook Road							
3. Supple	emental Address							
4. City *		5. State *		6. Zip Code	ė *	7. Facility County or Similar (Govt. Subdivision *	
Nashua		NH		03060		Hillsborough		
Latitude	/Longitude for the facility:							
	8. Latitude (Decimal Degrees) *		9. Longitude (Decimal Degre	ees) *	10. Latitud	le/Longitude Data Source *	11. Horizontal Reference Da	tum
+	42.709834	-	71.439448		Other			
12. What	is the ownership type of the facility *	13. Est	imated area of industrial activi	ty at your fac	cility exposed	d to stormwater (to the nearest	quarter acre) *	
	y Owned Facility	9.3		<u>, , , </u>	<u> </u>	,	,	
Identify t	he applicable sector and subsector of you	ır primary in	dustrial activity (See Appendix	D) that best	represents t	he products produced or service	ces rendered for which your fa	acility is primarily engaged, as defined in the
	nd the 4-digit Standard Industrial Classific	ation (SIC) co	ode or 2-letter Activity Code:		44.5	010.0		
15. Secto					\neg	mary SIC Code *		
	C: CHEMICALS AND ALLIED PRODUCTS				2891	: Adhesives And Sealants		
17. Subs								
C5: Miso	cellaneous Chemical Products							
18. Ident	ify the applicable sectors(s) of any co-loca	ted industri	al activity for which you are red	questing per	mit coverage).		
Sector				Subse				
	Add Sector							
		2.4						
22. Is you Yes	ur facility presently inactive and unstaffed	? *						
O les	No							
Disabarga	Information							
Discharge	Information							
3. Identif	y if the following Effluent Limitation Guid							
40 CFR P	art/Subpart: Part 418, Subpart A		e Discharges: Runoff from pho facturing facilities that comes in			ffected MSGP Sector: C	New Source Date: 4/8/1974	Does your facility have any discharges subject to this effluent
		raw ma	aterials, finished product, by-p					limitation guideline? *
		produ	cts (SIC 2874)					○Yes
Outfalls								
Outrails								

4. List all of the sto outfall.	rmwater	outfalls from your facility. Each outfal	ll must be i	dentified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide the latitude and lon	gitude in decimal degrees for each
A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *		
001	+	42.7103	-	71.4382	Lookup Receiving Waters Information	Delete Outfall
If for any reason the	Lookup F	Receiving Water Information button does	s not prepa	pulate your form with receiving waters in	(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect) aformation, you must manually enter the information on you	ur form.
Outfall Section						
		st water of the U.S that receives stormwa e water of the U.S. that was returned if in		y from the outfall and/or from the MS4 th	at the outfall discharges to.	
unnamed retentio	n ditch					
2. Is the receiving w Yes I		l as impaired on the 303(d) list and in ne	ed of a TMI	DL?*		
3. Has a TMDL beer Yes • I	•	ed for this receiving waterbody? *				
Outfalls						
4. List all of the sto outfall.	rmwater	outfalls from your facility. Each outfal	II must be i	dentified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide the latitude and lon	gitude in decimal degrees for each
A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *		
002	+	42.7095	-	71.4382	Lookup Receiving Waters Information	Delete Outfall
					(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)	
D. Substantially Ide		ny Outfalls Listed Above? *				
If for any reason the	Lookup F	Receiving Water Information button does	s not prepa	pulate your form with receiving waters in	formation, you must manually enter the information on you	r form.
Outfall Section						
		st water of the U.S that receives stormwa e water of the U.S. that was returned if in		y from the outfall and/or from the MS4 th	at the outfall discharges to.	
unnamed retentio	n ditch					
2. Is the receiving w Yes I		l as impaired on the 303(d) list and in ne	ed of a TMI	DL?*		

3. Has a TMDL been completed for this receiving waterbody? * Yes No
Add Another Outfall
Provide the following information about your outfall latitude longitude.
5. Latitude/Longitude Data Source * 6. Horizontal Reference Datum
Other
7. Does your facility discharge into a Municipal Separate Storm Sewer System (MS4)? * Yes No
8. Do you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support
propagation of fish, shellfish, and wildlife and recreation in and on the water) (See Appendix L)? * Yes No
stormwater Pollution Prevention Plan (SWPPP) Information
SWPPP Contact Information
1. First Name * 2. Middle Initial 3. Last Name * 4. Professional Title *
Pamela Doyon Quality Control/Environmental Manager
5. Phone (10-digits, No dashes) * 6. Extension 7. E-Mail *
6038215965 pdoyon@worthenind.com
8. Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information. *
Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.
Option 1: Maintain a Current Copy of your SWPPP on an Internet page (Universal Resource Locator or URL).
Option 2: Provide the following information from your SWPPP.
A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning, cutting steel beams), and potential spill and leak areas. *
The following areas or activities have the potential to be exposed to stormwater: Unloading of bulk tanks
Storage of empty used totes
Scrap wood and metal storage area Outdoor expansion and overflow totes
Dumpsters
B. List the pollutants(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and/or in any authorized non-stormwater discharges listed in Part 1.1.3. *
water based and solved based adhesives and coatings metals, organics, and residual chemicals

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4.1). *
Worthen implements the following control measures: Minimizes exposure to stormwater by having a protective overhang for the liquid latex unloading area, covering dumpsters and trash compactors, performing forktruck maintenance indoors, and storing empty used drums in enclosed trailers and metal storage units; implements a good housekeeping program including proper material storage, handling, and labeling, keeping exposed areas clean by sweeping, and cleaning catch basins; performs regular inspections and maintenance of fork trucks; implements a Chemical Spill Prevention and Response Plan, Emergency Management Plan, and standard operating procedures for offloading of products; maintains catch basins for managing stormwater runoff.
D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2). *
Good housekeeping is practiced daily. Equipment inspections and maintenance is performed on a routine basis depending on the type of equipment and manufacturer's recommendations. Routine facility inspections are performed each calendar quarter; one of which is performed when stormwater discharge is occurring from the site. Stormwater visual inspections are conducted quarterly when there is a storm event.
Endangered Species Protection
1. Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit? *
Criterion C – Discharges and discharge-related activities are not likely to adversely affect listed species and critical habitat
2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services). *
U.S. Fish and Wildlife Services was contacted to determine if any species or critical habitats are located in Worthen's action area. The Northern long-eared bat was identified as a threatened species. Worthen completed the Criterion C Eligibility Form and submitted it to EPA on July 8, 2015. As of August 7, 2015, Worthen did not receive any correspondence from EPA indicating that additional measures are required to ensure eligibility under Criterion C.
a. What federally-listed species or federally-designated critical habitat are located in your "action area." *
Northern long-eared bat (threatened)
b. Using the Criterion C Eligibility Form, check which of the following is applicable to your facility and answer any corresponding questions. *
I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any controls that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will have no likely adverse affects on listed species and critical habitat.

	Date your Criterion C Eligibility Form was sent to EPA (in DD/MM/YYYY format) * 08 Jul 2015
	Describe any EPA-approved controls and/or management practices you will implement to ensure your discharges will not have likely adverse affects on listed species and critical habitat *
	No additional measures are required.
	I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional controls necessary to ensure no likely adverse affects on listed species and critical habitat.
: L	listoric Preservation
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	1. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? * Yes No
	2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit *
	Criterion A - No subsurface stormwater controls
Cer	tification Information
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 40 CFR 122.22 (d)
	Certifier E-Mail * Form Action *

Approve

pdoyon@worthenind.com